



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-43
3-JDF-4C-42
1-JCRF-4C-25
1-JDTP_3B-09
1-JBC-4C-39
NCCHC Y-I-02, Y-I-04, Y-I-05

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Forced Psychotropic Medications	KRS 202A, KRS 645
POLICY NUMBER: DJJ 405.2	
TOTAL PAGES: 2	
EFFECTIVE DATE: 4/4/2014	
APPROVAL: A. Hasan Davis	, COMMISSIONER

I. POLICY

Youth shall have the right to refuse psychotropic medication unless ordered by a court as a result of the youth being a danger to self or others. Reference DJJPP Chapter 4 (Access to Treatment).

II. APPLICABILITY

This policy shall apply to all Department of Juvenile Justice (DJJ) operated or contract programs providing services to youth probated, sentenced or committed to, or placed in the care and custody of, the DJJ.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. If a youth with a mental illness who refuses psychotropic medication cannot be safely maintained in a facility or the community, the procedures outlined in DJJPP Chapter 4 (Psychiatric Hospitalization) or Chapter 6 (Electronic Monitoring) shall be implemented for hospitalization of the youth.
- B. If the hospitalizing physician holds that medication is necessary, the hospital shall initiate the process of obtaining a court order to allow forced medication in accordance with KRS 202A.196 or KRS 645.170.
- C. Once the order is obtained and the youth is returned to DJJ, the forced order shall be continued at the discretion of the Chief of Mental Health Services or designee and shall comply with following:
 1. Administration shall be authorized by a physician for a specified duration;

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2. Less restrictive intervention options shall have been exercised without success, as determined by the physician or psychiatrist;
3. There shall be specific details about why, when, where, and how the medication is to be administered;
4. This shall be monitoring for adverse reactions and side effects; and,
5. Less restrictive treatment plan alternatives shall be prepared as soon as possible.

V. MONITORING MECHANISM

The Regional Psychologist, the Quality Assurance Branch, and Chief of Mental Health Services shall monitor the use of forced medications quarterly.